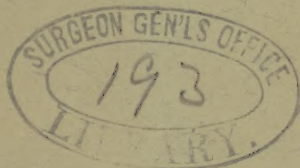


Sims (J. M.)

REMARKS ON
ABSCESS OF THE LIVER.

BY
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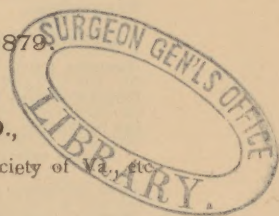
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By J. MARION SIMS, M. D., LL. D.,

Ex-Prest Amer. Med. Association; Hon. Fel. of the Med. Society of Va., etc.



Mr. President: I have a word to say on abscess of the liver. I have only recently given the subject a moment's thought. On my return from Europe a few weeks ago, I found that Dr. Hammond, of New York, had written some articles on it, which had elicited discussion and drawn out adverse criticism.

Hammond, in common with preceding authors, tells us that abscess of the liver may exist without giving rise to any characteristic general or local symptoms.

Dr. Hammond's attention was first drawn specially to this subject a few years ago by a patient of his (with spinal paralysis) falling out of bed and striking the right side against a wooden bucket. After a while, the patient complained of some gastric derangement and pain occasionally in the right shoulder. But the most marked symptom was hypochondria. There was no decided pain in the liver, and no enlargement of the organ. Dr. Hammond thought he detected slight fluctuation, but was by no means certain of it. However, he determined to aspirate the liver. He did so, and evacuated fifteen ounces and a half of pus.

The general health and mental condition of the patient at once improved, and he remained well after this, suffering only from paralysis.

In April, 1876, Dr. Hammond saw another case, where he was

led to believe there was abscess of the liver, not because there were any local evidences of it, but because of the mental and moral condition of the patient. There was no pain in the liver; no enlargement of the hepatic region; no tenderness on pressure, and he was not sure there was fluctuation. Knowing that aspiration, properly performed, was a harmless operation, he did it on the 16th of August, 1866, and removed eight and a half ounces of pus. The mental symptoms disappeared at once, and his patient was permanently restored to health.

From this time, Dr. Hammond began to associate abscess of the liver with hyperæmia of the brain, depression of spirits, hypochondria, insomnia, and unpleasant dreams, with occasional gastric derangement. Guided by brain symptoms alone, Dr. Hammond has repeatedly aspirated the liver where there were no physical signs of disease and evacuated pus. But in the majority of cases, he has detected the presence of pus by palpation—in some where there was no seeming enlargement of the organ, and no pain on pressure.

Some writers have severely criticized Dr. Hammond's views on this subject, and I am sorry to say a few have doubted the correctness of his reports.

A case of this sort came under my observation in Paris some six or eight months ago. T. C. S., of Rhode Island, came from Nice to Paris to see me, saying he had been aspirated by Dr. Hammond before leaving home for abscess of the liver, and that he feared the abscess had refilled. I called Dr. Brown-Sequard in consultation, and turned the case over to him. On minute examination, my friend, Brown-Sequard, did not hesitate to say that Mr. S. had never had abscess of the liver at all, and that there must be some mistake in the history Mr. S. gave us. Since my return home, I have taken pains to get the history of this case from Dr. Hammond.

Mr. S. is 48 years of age, and was engaged in an immense business, which overworked a naturally strong constitution, mental and physical. He had pain in the head, vertigo, wakefulness, mental depression, dyspepsia, and other symptoms of cerebral hyperæmia. He gradually went from bad to worse, till his condition became deplorable. His mind was morbid to the last degree. He lost all interest in life, and was full of the most gloomy apprehensions in regard to himself. He could not concentrate his mind on any subject, and passed whole nights without sleeping. He was sure he would either die or go to a mad-house. At last, Dr. Hammond began to suspect abscess of the liver. He examined the abdomen thoroughly, but could detect no signs of liver disease. But guided by the hypo-

chondriacal state, he determined to aspirate the liver; and on the 10th of May, 1878, he did so in the presence of Dr. Clinton Wagner and Dr. Olden, Surgeon U. S. Army.

Dr. Wagner, Dr. Olden and Dr. Hammond all failed to find any local signs of abscess. "But," says Dr. Hammond, "taking into consideration the results of my former experience, recognizing the intimate relation existing between the liver and the brain, and the comparative freedom from danger of aspiration, when properly performed, these gentlemen (Wagner and Olden) said nothing to dissuade us from the attempt I proposed to make." He did the operation, and obtained "nine ounces of light, yellow, creamy-looking pus, devoid of any marked odor." The night after this operation was passed in sleep for the first time in several weeks.

Mr. S. improved greatly in health, and went abroad. When I saw him in Paris, he suspected a return of the abscess, simply on account of relapse of his mental condition. He was examined, as before said, by Brown-Sequard and myself, and we gave him the positive opinion that he had no abscess.

Now, Mr. President, I come to speak of a case in which we all feel, not only a scientific, but a deep personal interest. A gentleman—well known to most of you personally, and to all of you by reputation—engaged in the arduous duties of a journalist, and professor in a medical college, having lived all his life in a malarious region, was suddenly stricken with fever in August, 1878. Up to this time, he had enjoyed apparently good health, but had been much overworked. The fever was of a remittent type, with a tendency to congestion of the brain, but it did not yield to the ordinary remedies; and at the end of four weeks he was taken from his home to a mountain region. Here he gradually improved, and, in November, he returned home and began the Winter Course of Lectures. During the second lecture, he was taken with convulsions, and was obliged to resign his professorial chair. During the winter, he was completely invalided. The prominent symptoms were congestion of the brain, insomnia and great depression of spirits. In the month of March, 1879, he became anxious concerning his own condition, and looked forward with great despondency to the future.

In the month of June, he went to Staunton, Va., where he remained a month, and was somewhat improved. From there he went to the White Sulphur Springs, in West Virginia, where he remained two months, but was not the least benefitted. He there met many of his old medical friends from this and other parts of the South. Many of them feeling a great personal interest

in him, investigated his case minutely, but were unable to afford him any relief.

Early in October he came to New York, still complaining of his head, daily paroxysms of fever, complete insomnia, and great depression of spirits. I saw him, and called in consultation one of our most eminent physicians, who, after a thorough examination, declared his case to be one of profound malarial poisoning. He advised him to give up his former residence, and go to a mountain region, where there are no causes for malaria. Not being able to do this, he concluded to remain in New York. A week passed and he was no better. I then called Dr. Wm. A. Hammond to see him. Judging from the brain symptoms alone, "he thought it was a case of abscess of the liver." On examination, his liver was found to be a little enlarged; and by palpation, he was able to detect fluctuation, and to say positively that there was an abscess in the right lobe of the liver.

His method of determining this was very simple. He placed the patient on the back, put the points of the index and middle fingers of the left hand between the eighth and ninth ribs, a little in advance of a line falling from the middle of the axilla. Then, by gentle tapping or percussion at a point about two inches above the umbilicus, and a little to the right of the middle line, fluctuation was detected by the fingers of the left hand. I immediately imitated his process, and thought that the motion felt by the left hand was due to the impulse of the liver alone against the ribs. However, I have examined other cases since where the liver was supposed to be healthy, and could not produce a similar sensation to that found in this case. Dr. Hammond's practised touch enabled him to say positively that there was fluctuation in this case, and therefore an abscess.

On the following day, he verified his diagnosis by aspiration, and drew off eight and a half ounces of pus, a specimen of which I now show you. I hope you will appoint some expert to examine and report upon it.*

After this operation, our patient had a good night's rest, the first for a very long time; and judging from Dr. Hammond's experience,

*This specimen of pus was handed over to Dr. Robert C. Powell, of Alexandria, Va., who promised to have it examined, etc. The following letter was duly received by the Recording Secretary:

"ALEXANDRIA, VA., October 26th, 1879.

"*Dear Doctor*,—I am sorry that the microscopic examination of the pus left by Dr. Sims at our late meeting does not furnish anything interesting. It had been

we have a right to expect that he will be again soon restored to health and usefulness.

Many of you will be surprised, and all of you will feel special interest in the case, when I tell you that the subject of this operation was Dr. E. S. Gaillard, lately of Louisville, Kentucky.

Dr. Hammond has aspirated the liver for abscess twenty-six times within the last two years. In fifteen cases he evacuated abscesses and effected cures. In eleven cases the operation was unsuccessful, but attended with no ill effects whatever.*

Dr. Hammond passes the aspirating needle through the intercostal space between the eighth and ninth ribs, at a point about an inch in advance of a line drawn from the axilla to the pelvis. In very nervous subjects, he administers an anæsthetic. In very many he deadens the sensibility of the skin by the application of ice and salt. Everything being ready for operation, he pulls the skin up for an inch over the point to be punctured, so as to make a valvular opening; and then thrusts the needle, previously antisepticised with carbolic oil, into the substance of the liver, from the depth of one and a half to two and a half inches. If, at the depth of two and a half inches, matter does not appear, then there is no abscess in the right lobe of the liver.

Abscesses exist sometimes in the left lobe of the liver, but far more frequently in the right.

All of Dr. Hammond's cases (except two—one in Western New York, and one in Rhode Island) have been residents of malarious districts, either in the South or West.

Abscesses of the liver have been long before this recognized and treated by operation. In tropical climates, it is very frequent. But

so long drawn from the abscess, that the corpuscles were broken down by disintegration, and it was difficult to get a view of a perfect one. Besides the debris of pus corpuscles, the fluid contained a large number of hepatic cells, imbedded in which were oil globules. But this fact does not prove fatty degeneration of the liver, except that portion of it in contact with the abscess. There was also some blue coloring matter in the pus, which was doubtless derived from what the bottle contained previous to holding the pus, as it was neither indican nor the blue opalescence produced by vibriones; it was probably some ferric salt."

Yours truly,

R. C. POWELL.

P. S.—The examination of the pus was made by Dr. J. J. Woodward, of Washington, D. C., with 'Ross' large compound microscope,' with a magnifying power of 500 diameters. Very few objects can escape such an instrument as that.

R. C. P.

*In one case there were two abscesses separated from each other by a seemingly narrow partition. In one, there was pure pus in small quantity; in the other, there was a larger quantity of decomposed pus, with broken down liver tissue; All of them were in the right lobe of the liver, and all punctured between the eighth and ninth, or ninth and tenth ribs.

I believe that Dr. Hammond is the first man who has associated abscess of the liver with "cerebral hyperæmia."

In an admirable paper on this subject, read before the New York Neurological Society, June 3d, 1878, and published in the June number of the *St. Louis Clinical Record*, for 1878, Dr. Hammond formulates the following propositions:

1st. That hepatic abscesses are probably much more common with us than is generally supposed.

2d. That they may exist without any local symptoms, or such general disturbance of the system as is commonly regarded as indicating their presence.

3d. That they may be associated with hypochondria and other evidences of cerebral disturbance.

4th. That they should be opened at the earliest possible moment, and without waiting for adhesions to form between the liver and the abdominal wall.

5th. That the proper place for performing the operation of aspiration is in one of the intercostal spaces. This point is strongly insisted upon by Dr. Davis in his memoir.

6th. That the operation by aspiration is free from danger. Dr. Davis never saw any ill consequences from it, and Dr. Jiminez, of Mexico, states, that of the hundreds of times he has punctured the liver through the intercostal spaces for abscess, he has never once seen the operation followed by peritonitis. In a very admirable paper, Dr. Lansky, of New York, expresses like opinion.

8th. That in all cases of hypochondria or melancholia, the region of the liver should be carefully explored; and that even if no fluctuation be detected, or any other sign of abscess be discovered, aspiration—being a harmless operation—should be performed.

8th. That if the pus be evacuated, the operation may be expected to be followed by a cure of the mental disorder as well as by the preservation of the life of the patient from the probably fatal consequences of hepatic abscess.

9th. That if no abscess be found, the patient will, at least, be no worse off than he was before.

